

**INTER-TRIBAL COUNCIL OF MICHIGAN, INC.
LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)
FY 2013 APPLICATION**

Name:		Age:	Date:
Address:		Birthdate:	Social Security #:
City/Town:	State:	Zip Code:	Phone #:

TRIBAL MEMBER OF:

☐ Bay Mills Indian Community ☐ Lac Vieux Desert ☐ Saginaw Chippewa Tribe
☐ Hannahville Indian Community ☐ Little Traverse Bay Bands ☐ Huron Potawatomi Tribe
☐ Gun Lake Tribe

OTHER HOUSEHOLD MEMBERS:

Name	Age	Birthdate	Social Security #
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Have you applied for assistance this year (October 1, 2012-September 30, 2013)? Yes No

(For office use only-Please do not fill out this section)

INCOME: Documentation must be provided for all income.

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

INCOME SOURCE CODES: (Please Circle)

1. SS 2. Wages 3. SSI 4. Self Employment 5. Unemployment
 6. DHS 7. GA 8. Pension/Retirement 9. Other _____

Are any household members disabled? _____ If yes, how many? _____

Do you own or rent your home? _____ If you rent, is heat included? _____

What types of fuel do you use to heat your home? Check all that apply.

1. Oil _____ 3. Natural Gas _____ 5. Electric _____ 7. Other _____

2. Wood _____ 4. Propane _____ 6. Coal _____

YOU MUST PUT YOUR ACCOUNT NUMBER AND VENDOR'S ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.

What vendor do you want as the Endorser? _____

Address: _____

Acct.#: _____

\$I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.

\$I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.

\$I understand that failure to provide all necessary information and documentation can result in denial of my application.

\$I hereby authorize the release of information by the appropriate agencies to the Inter-Tribal Council of Michigan for the purpose of verifying information needed to establish eligibility for the program.

\$I understand that I may request a hearing if I disagree with action taken on this application.

\$I understand that I have a right to a hearing if I do not receive a decision notice within that time.

\$I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.

APPLICANTS SIGNATURE

DATE

LIEAP WORKER SIGNATURE

DATE

REFERRALS: Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

Contact them for more information on:

- Weatherization
- Emergency Needs
- Utility Shut-off Protection
- Home Heating Tax Credit
- Energy Audit

I understand that a decision will be made concerning my application and a decision notice will be issued within ten (10) working days upon receipt of my application by the LIEAP Program Manager.